

**ERIE COUNTY DEPARTMENT OF ENVIRONMENT & PLANNING
CESQG PROGRAM**

716-858-6147 (Phone)

716-858-7713 (Fax)

Conditionally Exempt Small Quantity Generator (CESQG) Certification

A. Generator Certification

I hereby certify that I am a generator of hazardous waste within New York State and a business located in Erie County and because of the small volume of hazardous waste generated and/or stored, I qualify for Conditionally Exempt Small Quantity Generator (CESQG) status per 6 NYCRR Part 372.

I understand that in order to qualify for Conditionally Exempt Small Quantity Generator Status I must meet both of the following conditions:

1. Generate less than 1 kg/month (~2.2 pounds) of acute hazardous waste (as defined by 6NYCRR Part 371), and never store more than this amount on site at any time; and
2. Generate less than 100 kg/month (~220 pounds) of listed and/or characteristic hazardous waste (as defined by 6 NYCRR Part 371), and never store more than 1,000 kg (~2,200 pounds) at any time.

I further understand that, if in the future, I exceed the quantity limitations described above; I will become subject to additional regulation as a hazardous waste generator and will no longer be eligible to participate in this type of collection program.

By signing below, I certify that I have the authority to make these statements on behalf of my municipality or business.

Generator/Organization Name

Business Type

Address

City, State, Zip Code

EPA ID # (if any)

Phone Number

Fax Number

Website/email

Name/Title

Authorized Signature

Date

B. Description of Waste(s) to Be Disposed

Please use a separate line for each waste type and container size; attach additional sheets, if needed.

Waste Type	Weight/ Volume	Number of Containers	Container size	Generation Frequency	Waste Code(s)
Total Waste Generated Per Month:					

OVER

C. Process(es) Generating the Waste(s)

D. Additional Hazardous Waste(s) Stored on Site

Waste Type	Quantity Stored (lb./gal)
Total Waste Stored:	

Please Do Not Write BELOW This Line

E. Fees and Appointment

\$

Erie County Disposal Fee

Appointment Date

Appointment Time

F. Acknowledgement of Delivery and Receipt of Waste

Waste Delivered By (Signature)

Name

Title

Waste Accepted By (Signature)

Name

Date

G. Payment Information

\$

Amount Paid

Date

Method of Payment

Check #

Money Order #

Other: